

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE W/ FORM PTO-875)

SERIAL NO. 107521642

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/		↓		↓	↓
TOTAL DEP.	23		↔		↔	↔
TOTAL CLAIMS	24		████████		████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.			↓		↓	↓
TOTAL DEP.			↔		↔	↔
TOTAL CLAIMS			████████		████████	████████